

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 45     | 37       |
| FORMALITY REVIEW          |          |        |          |
| RESPONSE FORMALITY REVIEW | 22       |        | 10-22-01 |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim    | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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